# Old Bedford School
# 2015 Centennial Bake-Off

**Categories:**
- **Under age 18**
- **Pies & Cobblers**
- **Cakes & Sweet Breads**
- **Cookies & Brownies**

**Rules for Competition:**
- All entries must be home made.  **No bakery pies/cakes please.**
- Items should be brought to the Old Bedford School on Saturday, August 15 between 5pm and 7pm and the event will held on Sunday, August 16th.
- Judging will begin at 2:00 PM on Sunday, August 16.
- Items should be uncut (if applicable) at check-in.
- Cakes can be full cakes or cupcakes
- All desserts must not need to be refrigerated.
- Cookies/Brownies must have at least 2 dozen or in a 9x13 size pan to be counted.
- Each person entering will also need to fill out a brief application consisting of the entrant's name, phone number and indicating if participant is a youth or adult as well as the categories they are entering.
- Participants will also explain why this item is special.  What is the story behind the dessert? Ex. This item is made every year for Thanksgiving, This pie has a secret ingredient.  This is my favorite Aunt's cookie recipe… Grandmother's bread….etc.
- We could make copies of the "stories" and have little ones out with the slices the next day when they are sold…a slice of Aunt Suzy's cherry pie, or Grandma's chocolate cake with the secret sauce.  (No recipe is required just a few sentences for "the story.")
- Announcement of the winning items will be made upon completion of the judging.
- A "Champion" of each category will be displayed during the Bake off event.
- All items will receive recognition and will be given away during the Old Bedford School Centennial Bake off and Apron event on Saturday, August 16.

**There will be blind judging by a local celebrity panel.**

**Old Bedford School 100 year Bake-Off on Sunday, August 16, 2015 – Entry #1**

Name_____

Phone_____

Email _____

Youth or Adult (Please Circle)
**Type of Item:**

A Short Story: 2-3 sentences as to why this item is special

_____

_____

_____

_____

**Entry #2**

Name_____

Phone_____

Email _____

Youth or Adult (Please Circle)
**Type of Item:**

A Short Story: 2-3 sentences as to why this item is special

_____

_____

_____